Inpatient treatment: 10% coinsurance plus $100 per admission.

Out-of-Pocket Limit
- $1,200 per member
- $3,000 per family

Maximum Lifetime Benefit
- Unlimited

Provider Choice
- Health Net HMO provides only, each family member may select his or her own doctor.

Annual Deductible
- None

Well Baby Care
- No copay to age 2
- $20 copay per visit thereafter

Adult Physical Exam
- No copay

Well Woman Exam
- No copay

Prescription Drugs

Retail Prescription Drugs
- $1 copay/visit for generic, $3 copay/visit for brand
- No copay for non-formulary medications up to 30-day supply

Home Delivery (Mail Order) Prescription
- $10 copay/visit for generic, $30 copay/visit for brand
- No copay for non-formulary medications up to 30-day supply

Inpatient Mental Health Care
- $10 copay per individual visit
- $10 copay per group visit

Outpatient Mental Health Care
- $10 copay per individual visit
- $10 copay per group visit

Mental Health Care and Substance Abuse Treatment (for AB88 and Non-AB88 diagnosis)

Outpatient Mental Health Care
- $10 copay per visit
- $20 copay per individual visit

Inpatient Mental Health Care
- $10 copay per admission

Substance Abuse Treatment

Substance Abuse Treatment: $10 copay per individual visit

Other Medical Care

Chiropractic Care
- $10 copay/visit; up to 20 visits/year through American Specialty Health Plan (ASHP) network.
- No referral needed.

Durable Medical Equipment
- No copay

Hearing Aids
- No copay

Flexible Spending Accounts

Flexible Spending Accounts (FSA) are voluntary plans that enable you to save money by paying for certain health care and dependent care expenses using pre-tax pay. The District offers two special tax advantages to eligible employees:

- Medical FSA (min $125 / max $2,000)
- Dependent FSA (min $125 / max $2,500)

Note: This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. If there is any discrepancy between the plan documents and the plan description, the plan document will govern. Copies of the plan documents can be filed with Benefits Administration.

Physician and Routine Services

Office Visits
- $20 copay/visit for primary care physician
- $30 copay/visit for specialist outside of California

Office Visit on call no copay

Office/Telehealth online visit no copay

Physician office/Live health online visit
- $10 copay/visit

Prescription for all Anthem Blue Cross plans is provided through CVS Caremark. If you have a pharmacy card, show it to the pharmacist. Your pharmacy must accept your plan's copay amount. If your pharmacy does not accept your plan's copay amount, you can appeal to Anthem Blue Cross for reimbursement. To appeal, call Anthem Blue Cross Customer Service at 1-877-821-9108.

Other Hospital Charges

Inpatient: $10 copay/visit
Outpatient: $10 copay per individual visit

Liability and Other Hospital Charges

- Hospital or Outpatient Facility
- Integrated Care
- Room and Board: Surgery
- Outpatient Services
- Inpatient Treatment
- Mental Health Care and Substance Abuse Treatment
- Other Medical Care

Other information, please visit the benefits.lausd.net website, click on "Active Employees" and retrieve IRS Publication 503.
Dental Implants
- More Contiguous Teeth
- Quadrant
- Scaling $40 (3 unit)
- Bridge $85
- Full Denture, Upper or Lower
- Maximum Provider Choice
- 24 Month Treatment Plan

In certain states outside of California, state regulations mandate that the benefits levels be the same in and out of network. Please contact United Concordia Dental for more information.

Recommended Accommodations
- Access to dental care
- Dental PPO
- United Concordia

Dental Plan Options
- Western Dental DMIO (All Plans)
- Western Dental DMIO (In-Network Only)
- DeltaCare USA DMIO
- United Concordia Dental PPO

In-Network Out-of-Network Provider
- Preferred
- No

Provider Choice
- Dental
- No

Maximum Annual Benefit
- $85
- $125

Extractions
- Simple
- Basic Restorative
- Major Restorative
- No Cost
- Not Covered

In-Network Out-of-Network
- Network
- Not Covered

Dentist
- Network
- Not Covered

Eye Care & Vision
- Single Vision
- Lenses
- Multi-Focal
- Progressive
- Frame
- None
- None

Office Locations
- Lees Summit, MO 64064-6590
- Sacramento, CA 95899-7100
- Oakland, CA 94612
- Lees Summit, MO 64064-6590
- Sacramento, CA 95899-7100
- Oakland, CA 94612

For additional information about the District’s Life Insurance program, call MetLife Employee Benefits at (844) 697-0580.

As an eligible District employee, you automatically receive Basic Life Insurance coverage up to $2,000 for the following Covered Services: Diagnostic; Annual Benefit; 20% of the maximum allowed charge.

Note: Refer to the plan documents for more information. If there is any discrepancy between this chart and the plan documents, the plan documents shall govern. Copies of the plan documents are on file with Benefits Administration.

Life Insurance
- Basic Life Insurance is available for all eligible employees. The District pays the full cost of Basic Life Insurance for eligible employees.
- For additional information about the District’s Life Insurance program, call MetLife Employee Benefits at (844) 697-0580.

Vision Plan Options
- EyeMed Vision Care
- VSP Vision Care

In-Network Out-of-Network Provider
- Preferred
- Not Covered

Provider Choice
- Primary Care Dentist
- No Pre-Authorization Required

Network
- Network
- Not Covered

Additional Benefits
- Extraoral X-rays
- Intraoral X-rays
- Soft Tissue Examination
- Root Canal

Footwear
- Orthotics
- Braces

Arthritis
- Arthritis Management Plan

Office Locations
- 8300 Sunset Blvd, Lees Summit, MO 64064-6590
- 10845 Oak Park Blvd, Sacramento, CA 95899-7100
- 15501 Batcheller Ave, Oakland, CA 94612
- 330 W 6th St, LA 90013
- 655 S Broadway, Long Beach, CA 90802
- 7201 W Sunset Blvd, Los Angeles, CA 90046
- 233 S Broadway, LA 90012
- 401 E 12th St, LA 90011

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For additional information about the District’s Life Insurance program, call MetLife Employee Benefits at (844) 697-0580.
Dental Implants

Osseous Surgery - 4 or Molars

Fillings

Partial Denture, Upper or Full Denture, Upper or Crown $20-$165 (Cost varies based on metal chosen. No cost for Clinical Crown)

additional benefits

Deep Sedation/

X-rays and Fluoride

Access) without the worry of

Limitations may apply.

Basic Restorative; Major Restorative (excludes most in-network

discounts on PRK or LASIK. Plan pays 100% for tint and

Optional Features:

Discounts on TRAVEL

medically necessary contact

Contact lenses.

Committee, reasonable accommodations, the interactive process

additional information about the Reasonable Accommodation

WageWorks, LAUSD

California State Teachers Retirement System (CalSTRS)

LASID Benefits Administration

P.O. Box 13107
Los Angeles, CA 90051

(800) 464-4000

kp.org

Employee Benefits Information

Important Contact Information

Plan Name | Address | Web Address | Phone |
---|---|---|---|
Anthem Blue Cross | P.O. Box 60007 | anthem.com/co | (800) 700-3739 |
CVS Caremark (primary drug provider for Anthem Blue Cross Plans only) | P.O. Box 6390 | caremark.com | (888) 732-7229 |
Health Net HMO | P.O. Box 10546 | healthnet.com | (800) 564-9000 |
Health Net Seniority Plus | P.O. Box 7012 | healthnet.com | (888) 564-9000 |
Kaiser Permanente HMO and Kaiser Senior Advantage | Kaiser Foundation Health Plans, Inc. 1910 Frankland Road Oakland, CA 94612 | kp.org | (800) 444-4000 |
DeltaCare® USA HMO | P.O. Box 1810 | deltadentalins.com | (844) 697-0580 |
United Concordia Dental PPO | P.O. Box 69425 | unitedconcordia.com | (844) 397-4176 |
Western Dental PPO | Western Dental Services 330 South Main Street Orange, CA 92868 | westerdental.com | (866) 901-4416 |
EyeMed Vision Care | 400 Lusitania Place Mason, OH 45040 | evermed.com | (866) 723-0514 |
VSP Vision Care | P.O. Box 91702 | vsp.com | (800) 877-7193 |
ConnectYourCare, FSA Plans | P.O. Box 22337 | connectyourcare.com | (877) 292-4040 |
(844) 381-4011 (fax) |
4570 Savings Plan - Voya Financial | P.O. Box 26474 | voya.com | (844) 255-2873 |
(844) 265-8383 (fax) |
403B Savings Plan - TSA Consulting Group | 28 Ferry Rd SE Fort Walton Beach, FL 32548 | voya.com | (888) 794-3796 |
(866) 741-0645 (fax) |
MetLife Life Insurance | MetLife Recordkeeping Center P.O. Box 144715 | metlife.com/mybenefits | (866) 492-6830 |
WageWorks, LAUSD COBRA/ASB Administrator | P.O. Box 14055 | wageworks.com | (877) 502-6727 |
Social Security Administration | siio.gov | (800) 772-1213 |
Medicare | medicare.gov | (800) 633-4227 |
PUBLIC Employees Retirement System (PERS) | publicpers.state.or.us | (888) 225-7377 |
State Teachers Retirement System (STRS) | strs.org | (800) 228-5453 |
LAUSD Benefits Administration | P.O. Box 13107 | benefits.lausd.net | (213) 241-4282 |